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Coping with the impact of serious adverse events on front-line healthcare professionals

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Sometimes things dont go as we expect!

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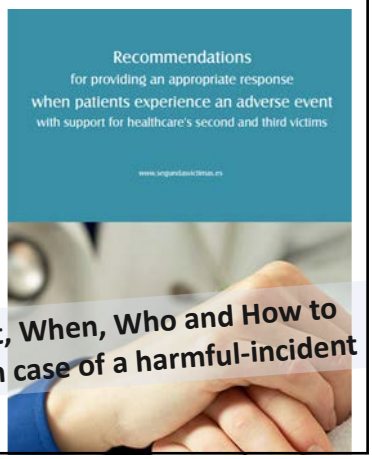
What have we done?

- **Evaluation Phase**. National Research on What's being done and not done to support second victims in Spain – Two-phase study.
- **Intervention Phase**. Educational/training website + Guideline

739 professionals have registered



What, When, Who and How to act in case of a harmful-incident

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What's the impact achieved?

Target 2.7: Promote the design and development of strategies to address serious adverse events in health centers.

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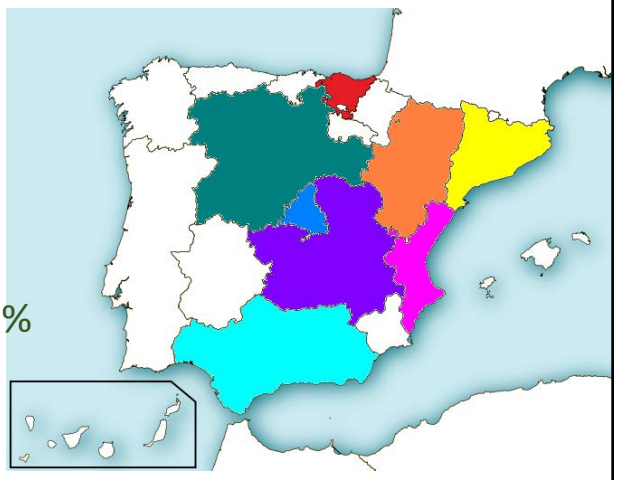
Who are we?

Researchers and clinicians from 8 out of 17 Regional Health Services, who are responsible for 75% of all Spanish hospital discharges and 75% of all primary care consultations (2011).



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Qualitative Research

Cross-sectional study

Managers and Professionals

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27 professionals involved in 4 Focus Groups

ORIGINAL ARTICLE

Qualitative Study About the Experiences of Colleagues of Health Professionals Involved in an Adverse Event

Lena Ferrás, RN, MSc, PhD,* Carmen Silvestre, RN, MPH,† Guadalupe Olivera, MD,‡ and José Joaquín Mira, MSc, PhD§||

(*J Patient Saf* 2016;00: 00–00)

- Surprise and to avoid involvement were usually reactions by colleagues of second victims.
- Formal channels of information favor the implementation of improvements.
- Common informal channels were the hallways and cafeteria.
- Health-care providers reported that they do not receive information about measures for preventing a new adverse event.

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A cross-sectional study

February and April 2014

We collected information from **197** hospital's and primary care's managers and **209** safety leaders.

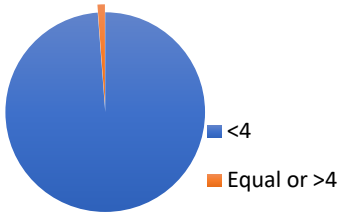
406

A total of **115** hospitals and **132** primary care districts

1. A systematical review of what we are able to do when a severe AE happens
2. We elaborated a list of potential actions by consensus of the research team (45)
3. Asked managers and leaders if these actions are planned and implemented
4. And, their opinions about the usefulness of these potential actions

Centers that fulfilled recommended actions (almost 4)

A total of 3 (1.2%)



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A cross-sectional study

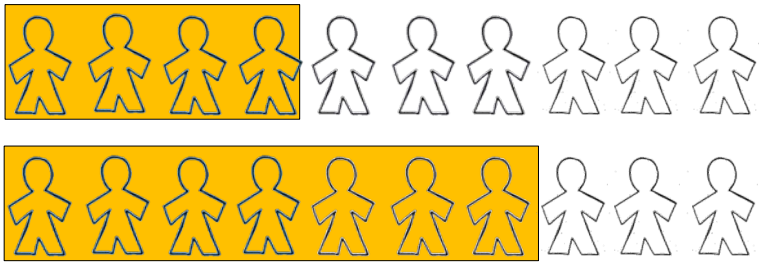
May and July 2014

We collected information from **610** hospital professionals and **477** PC professionals.

1087

Last five years

Made an error



40%

70%

Second Victim

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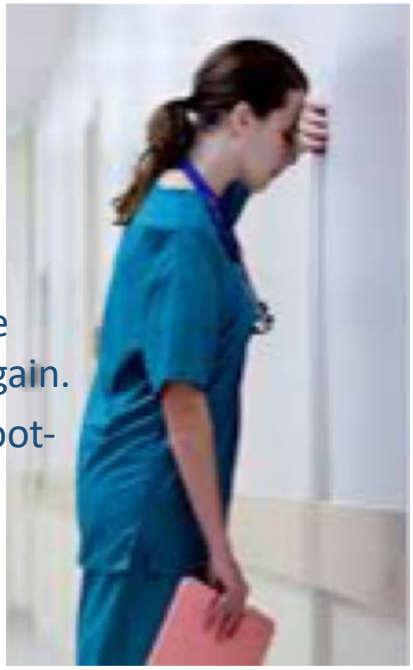
What second victims are expecting

- Feeling heard and understood. Not judged.
- To be able to speak with peers about what happened and to analyze it together.
- Participate in the definition of measures to be implemented to prevent it from happening again.
- Be informed about the steps and results of Root-Cause-Analysis.
- Know how to act in relation to the patient.



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Ideas for planning an intervention

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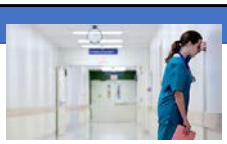
What should be done



Don’t forget the “magnet effect”. One AE attracts another AE

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Our planned approach

Preventive

1. Disseminate information to all professionals
2. Share data and procedures with directives, middle-managers and safety coordinators. Involve them

Being ready for an intervention

3. Introduce Guideline – choose and train support professionals and middle managers

➡ We are working before something goes wrong

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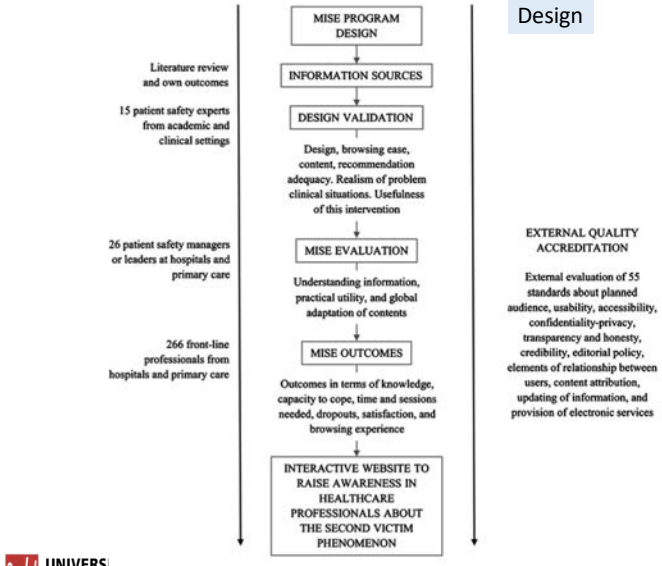
MISE (MITIGATING IMPACT IN SECOND VICTIMS)



Design

EXTERNAL QUALITY ACCREDITATION

External evaluation of 55 standards about planned audience, usability, accessibility, confidentiality-privacy, transparency and honesty, credibility, editorial policy, elements of relationship between users, content attribution, updating of information, and provision of electronic services

Assessment

Criteria	Mean (SD)
Comprehension of the information	8.9 (1.1)
Practical value of the contents	8.8 (1.2)
General assessment	8.8 (1.3)

Scale 0 to 10

Dropouts: 12 (4.5%)
Days to complete: 73

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Mitigating Impact in Second Victims (MISE)

Training on the website

Support by peers

do's and don'ts

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Workshops with directives and safety coordinators

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Recommendations
for providing an appropriate response
when patients experience an adverse event
with support for healthcare's second and third victims

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52 Spanish Healthcare Managers and Heads of Medical Services

Assessment

	Understandability	Feasibility	Usefulness
Range	7.8-9.2	6.6-8.0	8.3-9.2
Guideline (total)	8.8	7.2	8.7

Scale 0 to 10

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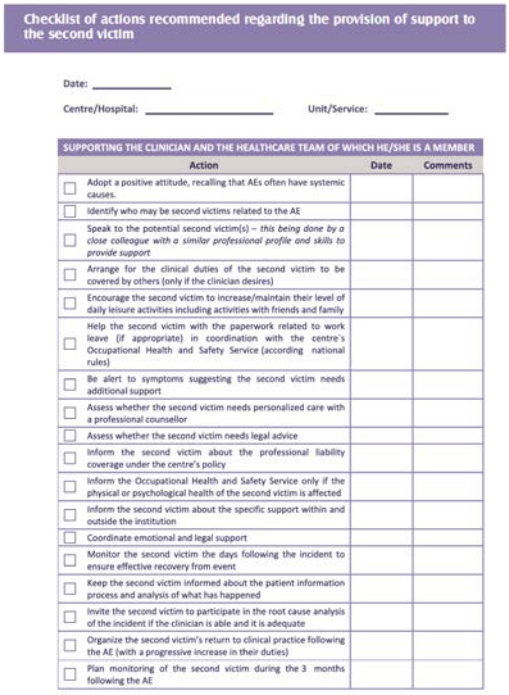
Checklist and algorithm



Checklist of actions recommended regarding the provision of support to the second victim

Date: _____

Centre/Hospital: _____ Unit/Service: _____

SUPPORTING THE CLINICIAN AND THE HEALTHCARE TEAM OF WHICH HE/SHE IS A MEMBER		
Action	Date	Comments
☐ Adopt a positive attitude, recalling that AEs often have systemic causes.		
☐ Identify who may be second victims related to the AE		
☐ Speak to the potential second victim(s) – *this being done by a close colleague with a similar professional profile and skills to provide support*		
☐ Arrange for the clinical duties of the second victim to be covered by others (only if the clinician desires)		
☐ Encourage the second victim to increase/maintain their level of daily leisure activities including activities with friends and family		
☐ Help the second victim with the paperwork related to work leave (if appropriate) in coordination with the centre's Occupational Health and Safety Service (according national rules)		
☐ Be alert to symptoms suggesting the second victim needs additional support		
☐ Assess whether the second victim needs personalized care with a professional counsellor		
☐ Assess whether the second victim needs legal advice		
☐ Inform the second victim about the professional liability coverage under the centre's policy		
☐ Inform the Occupational Health and Safety Service only if the physical or psychological health of the second victim is affected		
☐ Inform the second victim about the specific support within and outside the institution		
☐ Coordinate emotional and legal support		
☐ Monitor the second victim the days following the incident to ensure effective recovery from event		
☐ Keep the second victim informed about the patient information process and analysis of what has happened		
☐ Invite the second victim to participate in the root cause analysis of the incident if the clinician is able and it is adequate		
☐ Organize the second victim's return to clinical practice following the AE (with a progressive increase in their duties)		
☐ Plan monitoring of the second victim during the 3 months following the AE		

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Supporting professional

NEVER

What have you done?

ALWAYS

How do you feel?

What happened?

Good Listener, Empathetic, Self-Control, Renowned, Good Communicator

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What we have found

Osakidetza

Servicio Navarro de Salud Osasunbidea

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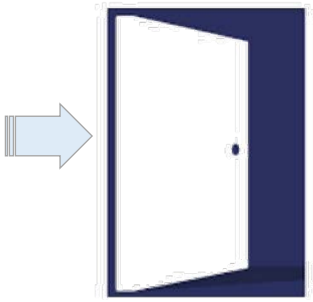
Unfortunately…

We usually start when a severe AE has occurred



This is not true!

Better late than never

This is true!

An apple a day keeps the doctor away

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Crucial elements

Core Group

Internal and External Communication Plan

Define procedure and levels of intervention (when, who and where)

Involve middle managers – find a leader in each Department

Choose and train a set of support peers

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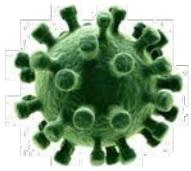
Two strategies

Common Sense (win-win)

Envy Virus Inoculation



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Crucial Element	Common Sense	Envy Virus Inoculation
Core Group	Directors, middle-managers, a set of front-line-professionals	Renowned clinicians, who are willing to participate
Communication Plan	Focus on internal targets	Focus on internal and external targets
Procedure	When, Who and Where	When, Who and Where in specific Departments
Involve professionals	Whole Organization	Professionals who share an interest and are worried about this phenomenon
Support Peers	Good listeners, communication skills, clinical reputation, calm, accepted by their colleagues	They must be accepted by their colleagues

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H O W

Design a **plan** -Targets, Milestones, Timeline, Core Group-

Involve managers and the Safety Committee -this is a **institutional response-**

Identify formal and informal (supporting or opposing) safety **leaders** –what information do they need-

Define a **protocol** to support second victims

Prepare an **informative package** -Seminars, Workshops,…- Avoid a defensive attitude when information is disseminated

Identify healthcare professionals of each Department who act as **safety coordinators**

Identify colleagues who are willing to be participate during the implementation as a **Support Peer** (and be sure they are accepted by their colleagues) –define how to act-

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H O W

Define **Communication Channels** to disseminate information

Define a **Communication plan** and actions (inside and outside the hospital)

Define the **second step** in the route to recovery when a support peer is not enough –where, how, …-

Plan B. What should we do if a severe AE occurs during the implementation, specifically during the first step?

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H O W

Same as before … but …

Focused on an Unit or Department or a set of departments.

Identify ONE/TWO **renowned clinicians** to be role models (spokesperson).

Insure they participate in conferences, workshops, and lectures. **Disseminating externally** the second victim strategy.

Insure **internal channels** to inform all hospital professionals.

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Things to keep in mind		
What is the **scope** of this intervention.		
Know the recent and remote **history** of severe AE. It's well managed or not? Patient **culture**, strengths and weaknesses		
Define a **Core Group**. Define its' relationship with the **Patient Safety Committee**.		
Identify your **strategy** (Top-Down or Bottom-Up). Define milestones, outcomes, and benchmarks.		
Seek **renowned clinicals** and **middle-managers** to be involved.		
Approve an **Ethical Code**. Promotes confidence.		

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Things to keep in mind		
Identify professionals leaders who **promote** the patient safety measures. Are they middle managers?		
Identify professionals leaders **opposed** to patient safety measures. Are they middle managers?		
Define a **Communication Plan** (internal and external targets).		
Identification of a **support peer** within each Department. Train them to be able to offer emotional support during the first hours following the event.		
Availability of a **referral network** (specialized support) for those cases in which the symptoms of the second victim becomes worse.		
Legal Advice (who, where, when).		

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Things to keep in mind to introduce a Guideline		
Approve a **procedure** to respond to the needs of the second victim (Who, when, where, how, wide range of professionals).		
Substitution of the second victim in the hours (or days) after the event.		
Processing **sick leave** procedure in cases where it is necessary and refers the second victim to specific counselling		
Bear in mind the **emotional response of the colleagues** of the second victim. Don't forget that colleagues of second victims also need to vent their emotions and regain confidence in themselves.		
Define a mechanism to insure **hospital's professionals understand** the situation		
Define a mechanism to enroll professionals **who haved lived the second victim phenomenon** as support peers		

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Things to keep in mind

Second victim **participation** in the **search for solutions** to prevent the AE from re-occurring. Second victim **participation** in the **Root-Cause Analysis** (When, How).		
Second victim **participation** in the **Open Disclosure** (if they are in a position to do it, always accompanied, …).		
Planning **reincorporation** of the professional (in cases of sick leave).		
Follow-up the response of the second victim during 3 months.		
What should be done in the case of severe AE **during the implementation** of this new approach?		
Assess the procedure (How, When).		

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Change attitudes

Information
Exposition

Prepare for acting in case of a Safety Incident

Organize levels of support (second victims and their colleagues)

Safety Culture
Risk Management

Preventive Approach

Intervention strategy

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FAQ

- How to identify a second victim?
- A second victim does not always show symptoms. It depends on their history, experience and, of course, the severity of the incident but you can observe that they are feeling lonely and they may have doubts about simple clinical decisions.
- What does the second victim need?
- They need to feel that their worries are being heard and understood, and continue being part of the team.
- What can we say to the second victim?
- Nothing, just listen to them. Empathetic attitude.
- Who should speak with the second victim?
- In the first hours after the incident a colleague from the same Unit or Service. The best option is a colleague who has been here before. There is not necessary an expert.

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FAQ

- Who is responsible for the treatment of post-traumatic stress?
- This depends on the organization but we have learnt that second victims do not follow the normal procedure to obtain psychological advice or treatment. The procedure for a second victim should be different and, in our case, we replace General Practitioners and the Mental Health Service with Occupational Medical Service.
- How much time does the second victim need to recover?
- It depends on personality factors and the severity of AE. Usually, the majority of second victims only need a conversation of approximately one hour and a half. However, the supporting colleague must be available to them in the coming days.

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FAQ

- What training do those who support the second victims need?
- The supporting colleague must learn to listen with empathy and keep a calm disposition. They mustn't give judgment or tell the second victim what they must do. In addition, the supporting colleague must be aware of the available resources of the institution, such as legal advice or psychological counselling.

- What are the most common reactions that discourage second victims?
- Anxiety, fear from legal consequences and loss of reputation, flash-backs, low self-esteem and doubts if they are able to continue a clinical career.

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FAQ

- In which cases can the second victim participate in the root-cause analysis?
- When this participation has a positive effect on them, and they are ready to participate. When they are involved in the improvement of Safety and Risk Management they are able to overcome their distress.

- How does safety culture influence the support of the second victims?
- Crucial absolutely because we need to substitute punishment culture with a pro-active culture.
- How can we introduce the Guideline?
- Top-Down, Common-Sense, Win-Win strategy or Bottom-Up, Envy Virus Inoculation Approach.

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FAQ

- A patient died. What can we do now?
- Communicate with the Head of the Department who activates the procedure; Insure the second victim has been substituted by a colleague, they should have the opportunity to express feelings, doubts and fears to the supporting professional.

- What are the common barriers to introduce a second victim protocol?
- That it is a new trend; the thought that it is unnecessary (this is only for bad doctors and nurses … not applicable to me!).

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Hope for the best, prepare for the worst

Bedankt!

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